

ISSUE SLIP STAFF AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
P.E. DETERMINATION	<i>Amert</i>		<i>6/22/61</i>
O.I.E. CLASSIFIER	<i>MT</i>		<i>6-23-61</i>
FORMALTY REVIEW	<i>Q.B.</i>	<i>1078</i>	<i>08/07/61</i>
RESPONSE FORMALTY REVIEW	<i>TA</i>	<i>1113</i>	<i>10-24-61</i>

INDEX OF CLAIMS

_____ Rejected
 _____ Allowed
 (Through number) _____ Cancelled
 _____ Restricted
 N _____ Non-elected
 I _____ Interference
 A _____ Appeal
 Q _____ Objected

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If more than 150 claims or 10 actions
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Best Available Copy

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 10/24/61
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